



MISSISSIPPI

State Board of Pharmacy

Address:
6360 J - 55 North
Suite 400
Jackson, MS 39211
Office: 601-899-8880 Fax: 601-899-8851

APPLICATION FOR REGISTRATION TO HANDLE CONTROLLED SUBSTANCES

January 1, 2016 - December 31, 2016

FEE - \$50.00

Business Name: _____

Street Address: _____

City, State Zip: _____

County: _____

DEA #: _____ Federal Tax ID #: _____
(If you do not have a DEA # Please submit your number once it is received).

Principle Business Owner(s) or officers if Corporation: (Attach list if necessary)

(Name) (Address)

(Name) (Address)

Please check proper blank:

() Pharmacy () Nursing Home () Wholesaler () Other (specify) _____

Drug Schedules Which Will Be Handled: (check all that apply)

() Schedule II Narcotic () Schedule II Non-Narcotic
() Schedule III Narcotic () Schedule III Non-Narcotic
() Schedule IV (all) () Schedule V (all)

Applicant's signature: _____

Telephone: _____

Name typed or printed: _____

Fax: _____

E-mail address: _____

OFFICE USE ONLY

REGISTRATION NO.: _____

FILE NUMBER: _____

DATE ISSUED: _____

RECEIPT NUMBER: _____